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				Douglas S. Kirk (Depositor's name		(Depositor's name)
				/Douglas S. Kirk/		(Signature)
				January 5, 2010		(Dute)
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/774,968 01/31/2001			Marwan Zebian		UN00-P02026US	6029
TITLE OF INVENTION	INTELLIGENT AUTO	DDIALER				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTAL FEE(S) DU	E DATE DUE
nonprovisional	-¥BS- No	\$755- \$1,51	0 \$300	\$0	\$1055 \$1	,810 01/06/2010
EXAM	NER	ART UNIT	CLASS-SUBCLASS			
PATEL, ASHOKKUMAR B		2449	709-245000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address for Change of Correspondence Address form PTO/SB1/22) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB4/7, Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the names of single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agents. If no name is 2 steven C. Sereboff 2 steven C. Sereboff 3 M. Kala Sarvaiya			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
NetZero, Inc.			Woodland Hills, California			
Please check the appropriate assignce category or categories (will not be printed on the patent): 🗆 Individual 🖾 Corporation or other private group entity 🚨 Government						
4a. The following fee(s) are submitted: 3 Issue Fee 32 Publication Fee (No small entity discount permitted) Advance Order - # of Copies			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 503456 (enclose an extra copy of this form).			
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interest as shown by the r	ecords of the United Sta	tes Patent and Trademark	Опісе.		***************************************	
Authorized Signature/M. Kala Sarvaiya/			DateJan	uary 5, 2010		
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